(english translation)

8/17/2025

To:

Medical Expert XXXXXXXXX

Subject: Information on the inappropriate professional conduct of psychiatrist XXXXXXX– Consequences for a young patient

Dear Sir,

In connection with the complaint, I wish to bring to your attention the following elements concerning the behavior observed in psychiatrist XXXXXXX, which, according to my observations, directly resulted in the impossibility of establishing a therapeutic relationship with the patient Anthony SANTIN Y OGUETA, a young patient being treated for psychiatric disorders associated with diabetes.

The patient unfortunately died following the refusal of treatment for his diabetes known by the psychiatrist but left untreated despite having no family doctor, fact also known by him and last but not least, having put him on treatment with ABILIFY 30 mg, the highest dose for 8 years and without diabetic monitoring despite this drug producing diabetes in one out of five patients, this fact was indicated by the psychiatrist.

1. Background

Patient: [Anthony, 31 years old, deceased]

Known conditions: schizophrenia + type 2 diabetes (it will appear later that that was not the right diagnostic).

Initial goal of psychiatric care: to establish a therapeutic alliance in order to:

1. support adherence to medical care and overall psychological well-being,

2. Observed behaviors (by the father, who has been present at all sessions since the beginning).

The following incidents occurred from the very first sessions with psychiatrist XXXXXXX:

A) Remarks about physical appearance:

Criticism of the patient's hair from the beginning of the first session and in a systematic manner at each session, even though the patient showered before going to the psychiatrist's office and washed his hair, which exacerbated his feelings of humiliation.

B) Criticism of clothing style:

Explicit statement that, if he were an employer, he would not hire him because of his appearance. The patient wore clean clothes—jeans and a sweatshirt—because his father made sure he was well-dressed before attending appointments.

C) Demeaning comparisons:

Comparison with other patients, emphasizing that the patient was "more unstructured" than them. That remark made him feel depressed, sorrowful and hopeless. There were only criticisms, but no solutions were proposed which is a remarquably poor backup from a psychiatrist.

D) Hurtful mockery regarding a study plan:

Cruelly laughter and a mocking attitude when the patient expressed a desire to pursue a bachelor's degree in business (HEC). This reaction deeply hurt the

patient.

E) At the beginning of the session:

The psychiatrist stood straight without smiling in a very rigid manner and stared at us without saying a word . He remained like that for several minutes; it was intimidating and instilled a feeling of fear, like being in front of a judge. This was systematic.

Overall tone: A series of remarks perceived as demeaning and humiliating, without any apparent therapeutic purpose, and recurring.

2. Observed Consequences

A) Immediate breakdown of the therapeutic relationship:

The patient expressed a profound feeling of devaluation and humiliation, which led to a complete rejection of the relationship with this psychiatrist.

B) Loss of confidence in the psychiatric care system:

The patient refused any further follow-up with other professionals.

C) Indirect impact on physical health:

This overall rejection of the care system contributed to the patient's refusal to

treat his diabetes, with the aforementioned fatal outcome.

3. Conclusions

The behaviors described above appear incompatible with ethics and good psychiatric practice, particularly in the care of vulnerable patients requiring a strong therapeutic alliance.

I am forwarding this information to you for consideration in your medico-legal analysis of the case.

I remain at your disposal to provide any additional information or clarifications that may be useful to you.

Please accept, Mr. XXXXXXXXX, the expression of my highest consideration.

NB: The psychiatrist always allowed sessions with the father present, which prevented the patient—who has since passed away—from expressing himself freely, as well as the father. This constitutes professional misconduct, as it represents a breach of the therapeutic framework and a violation of professional confidentiality.

Furthermore, it should be noted that psychiatrist XXXXXXXX quickly prohibited

email exchanges, as this was the initial method of informing him of changes in dates, etc.,

This goes directly against medical law regarding communication between patients and doctors.